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**CITY OF HARTFORD**

DEPARTMENT OF HEALTH & HUMAN SERVICES

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## **CRITICAL HEALTH INDICATORS**



**2009**

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# **Table of Contents**

## **I. Executive Summary**

## **II. Demographic Characteristics**

## **III. Selected Health Indicators**

Reportable Diseases

Maternal and Infant Health

Infant Mortality

Cancer

HIV/AIDS

Asthma

Lead Screening and Lead Poisoning

Chronic Disease Risk Factors

Behavioral Health

Leading Causes of Death

## **IV. Health and Human Services Key Performance Measures**

Maternal and Child Health

Environmental Health

Disease Prevention and Health Promotion

Administrative Support Services

Community Services

Recreation Services

Senior Services

## **V. Addressing the Challenges**

## **VI. Appendix**

# **I. Executive Summary**

Thank you for your interest in Hartford's health. This document represents the Health and Human Services Department's (HHS) effort to present the health status of our residents to all interested parties. Now, more than ever, it is necessary that we understand how disease impacts the productivity, quality of life and general wellness of our residents. HHS recognizes its responsibility as it relates to determining the health and wellness needs of our community, making sure services are available and creating policies that support and improve Hartford's public health environment. This is why we have designed and issued this first edition of the Hartford's "Critical Health Indicators," which will be updated on a yearly basis. This document is consistent with HHS' goal to better inform and prepare our residents and partners to address the many health challenges confronting our city. In this fashion, together, we decide where our health and wellness resources will have the greatest impact.

Through the use of selected health indicators, you will see the health of Hartford's residents compared to that of the state. We will also share information about the core services provided by HHS for the benefit of our residents. Through this document, it is our goal to demonstrate that health is not predetermined. Together, we can improve our health, the health of our children and the health of our community.

We encourage any comments and observations you may have regarding the health of our city and thank you in advance for your support.

Respectfully,

A handwritten signature in blue ink, appearing to read "Carlos Rivera".

Carlos Rivera, MPH, MBA, LCSW, FACHE  
Director of Health and Human Services

## II. Demographic Characteristics

Demographic characteristics are used to identify who makes up a population, by age group, gender, race and ethnicity, level of education, and income level. Recognition of the demographics of a population is important for planning appropriate health preventions and interventions to address identified health care needs.

Hartford residents are compared, below, to the characteristics of those residing in Hartford County and Connecticut. Hartford is a medium-sized city with an estimated population of 124,563 living in approximately 43,500 households within 18 square miles. Hispanics or Latinos (44.2%) are the largest racial or ethnic group in Hartford, followed by Blacks (38.3%), and Whites (26.9%). Three percent (3%) of the population reports two or more races.

According to 2007 U.S. Census data, 31.5% of Hartford individuals and 28.8% of Hartford families are living below poverty level. There is a significant difference in the percentage of children less than 18 years old living below poverty level in Hartford (44.3%) as compared to Hartford County (14.2%) and Connecticut (11.2%). Median household income of \$28,572 is less than half of the Hartford County median income of \$61,091 and compares even more poorly with the statewide Connecticut median income of \$65,967.

According to Connecticut Department of Labor, Hartford's unemployment rate, as of March 2009, is 13.6%, almost twice the state unemployment rate of 7.8%. Of the city resident population aged 25 years old or older, 67.6% had a high school degree or equivalent compared with Hartford County rate of 86.6% and the state rate of 88%. In addition, 12.9% of Hartford residents aged 25 years or older had attained a bachelor's degree or higher level of education, compared with Hartford County rate of 33.5% and the state rate of 34.7%.

## Demographics

| 2007 Estimates                                | Hartford | Hartford County | Connecticut |
|---|----------|-----------------|-------------|
| <b>Population</b>                             |          |                 |             |
| Total Population                              | 124,563  | 876, 824        | 3,502,309   |
| Significant New Population                    | 2,241*   | 10,445*         | 41,789*     |
| Male  | 58,669   | 424,207         | 1,706,150   |
| Female  | 65,893   | 452,617         | 1,796,159   |
| New household within the past year            | 24.3%    | 12.6%           | 12.5%       |
| <b>Race, Age and Ethnicity</b>                |          |                 |             |
| American Indian/Alaskan Native                | 0.5%     | 0.2%            | 0.2%        |
| Asian   | 2.1%     | 3.5%            | 3.3%        |
| Black   | 38.3%    | 12.5%           | 9.6%        |
| White   | 26.9%    | 76.0%           | 81.2%       |
| Hispanic, any race                            | 44.2%    | 13.4%           | 11.5%       |
| Two or more races                             | 2.7%     | 2.3%            | 2.0%        |
| Under 5 Years Old                             | 7.1%     | 6.1%            | 6.1%        |
| Under 18 Years Old                            | 29.4%    | 23.5%           | 23.7%       |
| 19 - 64 Years Old                             | 60.4%    | 62.7%           | 63.3%       |
| 65 Years and Over                             | 8.4%     | 14.1%           | 13.5%       |
| Median Age                                    | 30.1     | 39.4            | 39.1        |
| <b>Primary Language Spoken at Home</b>        |          |                 |             |
| English                                       | 54.6%    | 77.0%           | 80.6%       |
| Spanish                                       | 37.3%    | 11.1%           | 9.2%        |
| Other Indo-European languages                 | 6.3%     | 9.3%            | 7.7%        |
| Asian and Pacific Islander languages          | 1.0%     | 1.8%            | 1.9%        |
| <b>Social and Economic Indicators</b>         |          |                 |             |
| High school diploma (or equivalent)           | 67.6%    | 86.6%           | 88.0%       |
| Bachelor's degree or higher                   | 12.9%    | 33.5%           | 34.7%       |
| Median Household Income                       | \$28,572 | \$61,096        | \$65,967    |
| Families below poverty level                  | 28.8%    | 6.6%            | 5.9%        |
| Individuals below poverty level               | 31.5%    | 9.7%            | 8.2%        |
| Children (< 18 years old) below poverty level | 44.3%    | 14.2%           | 11.2%       |
| Civilian labor force, unemployed (March 2009) | 13.6%    | 7.8%            | 7.5%        |

Data Source: American Fact Finder, U.S. Census Bureau; Connecticut Department of Public Health (CT-DPH) Population Statistics, Connecticut Department of Labor (CT-DOL).

\*This category represents the number of births or newborns in 2006.

### **III. Selected Health Indicators**

#### **Reportable Diseases**

Reportable diseases are considered to be of great public health importance. Laboratories and doctors are required to report these diseases to both state and local health departments upon diagnosis. Reportable disease findings help to identify trends and track outbreaks. Urban settings have higher rates of reportable and infectious diseases. Evidence also supports co-infections and co-morbidities in urban settings where the poverty rates are higher and access to care is a barrier. More sexually transmitted diseases (STDs) were reported in Hartford than any other city in Connecticut, affecting females three to four times more than males and affecting Blacks and Hispanics up to four times more than whites. Continued screening, outreach, education and treatment of STDs are necessary to decrease the burden on the health of Hartford residents.

## Reportable Diseases

| Disease                                 | 2005  |       | 2006  |       | 2007  |       | Hartford<br>2005-2007<br>Average |       | Hartford County<br>2005-2007<br>Average |       | CT State<br>2005-2007<br>Average |       |
|---|-------|-------|-------|-------|-------|-------|----------------------------------|-------|---|-------|----------------------------------|-------|
|   | Cases | Rate* | Cases | Rate* | Cases | Rate* | Cases                            | Rate* | Cases                                   | Rate* | Cases                            | Rate* |
| Chlamydia                               | 1628  | 1308  | 1697  | 1361  | 1888  | 1516  | 1738                             | 1395  | 3316                                    | 378   | 11157                            | 318   |
| Gonorrhea                               | 513   | 412   | 543   | 436   | 462   | 371   | 506                              | 406   | 870                                     | 99    | 2564                             | 73    |
| Syphilis<br>(primary &<br>secondary)    | 4     | 3.2   | 10    | 8.0   | 7     | 5.6   | 7                                | 5.6   | 15                                      | 1.7   | 53                               | 1.5   |
| Hepatitis A<br>(infectious)             | 6     | 4.8   | 0     | 0.0   | 1     | 0.8   | 2                                | 1.9   | 2                                       | 0.2   | 40                               | 1.1   |
| Hepatitis B<br>(all types) <sup>1</sup> | 25    | 20    | 31    | 25    | 34    | 27    | 30                               | 24    | 124                                     | 14    | 469                              | 13    |
| Hepatitis C <sup>2</sup>                | 1339  | 1076  | 1399  | 1125  | 1160  | 933   | 1299                             | 1043  | n/a                                     | n/a   | n/a                              | n/a   |
| Hepatitis C <sup>3</sup>                | 147   | 118   | 127   | 102   | 128   | 103   | 134                              | 108   | 479                                     | 55    | 2617                             | 75    |
| HIV/AIDS                                | 283   | 228   | 145   | 116   | 196   | 157   | 208                              | 167   | n/a                                     | n/a   | 1249                             | 36    |
| Tuberculosis<br>(active)                | 9     | 7.2   | 7     | 5.6   | 5     | 4.0   | 7                                | 5.6   | 21                                      | 2.4   | 97                               | 2.8   |
| Tuberculosis<br>(latent) <sup>4</sup>   | 239   | 192   | 250   | 201   | 176   | 141   | 221                              | 177   | n/a                                     | n/a   | n/a                              | n/a   |
| Enteric<br>Diseases <sup>5</sup>        | 40    | 32    | 30    | 24    | 53    | 43    | 41                               | 33    | 327                                     | 37    | 1,597                            | 46    |

Data Source: CTDPH Statistics & Research/Disease & Injury Surveillance; City of Hartford Disease Prevention and Health Promotion Statistics.

N/A: not available

\* Rates are per 100,000 residents based on 2007 population estimates.

<sup>1</sup> Types include acute, chronic, lab report.

<sup>2</sup> Laboratory-reported case of Hepatitis C with positive anti-HCV (Hepatitis C virus) antibody screening test

<sup>3</sup> A positive Anti-HCV screening test was further verified and confirmed by a more specific test (e.g. RIBA.

PCR, and genotype).

<sup>4</sup> Latent tuberculosis (TB) is a term used for people who test positive for tuberculosis (most commonly with a positive tuberculin skin test), but do not have any evidence of active infection.

<sup>5</sup> Enteric diseases are major bacterial infections transmitted through food or water, and for outbreaks of food-borne infections of any cause. These bacteria include Campylobacteriosis, Cyclosporiasis, E.coli O157:H7, Giardiasis, Listeriosis, Salmonellosis, Shigellosis, Vibrio, Yersinia.



## **Maternal and Child Health**

Maternal and Child Health rates are used worldwide as global indicators of the health status of a population. This section focuses on birth data and outcomes as well as infant mortality data. Because maternal health is related to birth outcomes, prenatal care is also shown.

Adequate prenatal care, including initiating care in the first trimester and receiving regular care until delivery, can be an indicator of access to health care and usually results in fewer birth complications and healthier babies. In Hartford, the percentage of mothers with late or no prenatal care increased from 35.1% in 2004 to 38.1% in 2006.

Low birth weight and prematurity are risk factors for infant death. Hartford's percentage of preterm birth is generally above the State average; the 2004-2006 Hartford average of 13.1% was higher than the Connecticut average of 9.9%. Also, the low birth weight average during the same years for Hartford is 11.9%, compared to the State average of 7.9%.

Hartford has come a long way in protecting children from vaccine- preventable diseases. From 1999-2005, the immunization rate for children at two years of age improved from 64% to 78%.

The teen birth rate is an estimate of the proportion of women younger than 20 years of age who had a live birth during a given year. Infants born to teen-aged mothers are at increased risk of pre-term birth, low birth weight, fetal distress and lifetime risk of social and economic disadvantages. In 2006, the most recent year for which data is available, the Hartford teen birth rate was 18.2% of all births to Hartford residents.

## Maternal and Child Health

|  | Hartford<br>2004 | Hartford<br>2005 | Hartford<br>2006 | Hartford<br>2004-2006<br>Average | CT 2004-<br>2006<br>Average |
|--|------------------|------------------|------------------|----------------------------------|-----------------------------|
| <b>Number of Births (Mother's Race)</b>                      |                  |                  |                  |                                  |                             |
| Total  | 2,141            | 2,126            | 2,241            | 2,169                            | 41,839                      |
| Blacks   | 789              | 802              | 867              | 819                              | 5,215                       |
| Whites   | 1,264            | 1,211            | 1,182            | 1,219                            | 33,324                      |
| Hispanic, any race   | 1,105            | 1,085            | 1,154            | 1,115                            | 8,004                       |
| <b>Prematurity &lt; 37 weeks gestation</b>                   |                  |                  |                  |                                  |                             |
|  | 13.5%            | 12.4%            | 13.3%            | 13.1%                            | 9.9%                        |
| <b>Late or No Prenatal Care (%)</b>                          |                  |                  |                  |                                  |                             |
|  | 35.1%            | 34.6%            | 38.1%            | 35.9%                            | 13.4%                       |
| <b>Low Birth Weight per 100 Births <sup>(1)</sup></b>        |                  |                  |                  |                                  |                             |
|  | 11.3             | 11.2             | 13.1             | 11.9                             | 7.9                         |
| <b>Age Appropriate Immunizations, Children 0-2 years old</b> |                  |                  |                  |                                  |                             |
|  | 80%              | 79%              | n/a              | n/a                              | 83% <sup>(2)</sup>          |
| <b>Infant Mortality per 1,000 Live Births</b>                |                  |                  |                  |                                  |                             |
| Total  | 9.3              | 11.8             | 9.4              | 10.2                             | 6.9                         |
| Blacks   | 12.7             | 15.0             | 13.8             | 13.8                             | 13.6                        |
| Whites   | 7.9              | 3.3              | 2.3              | 4.5                              | 4.4                         |
| Hispanic, any race   | 6.3              | 10.1             | 5.2              | 7.2                              | 7.5                         |
| <b>Teen Births</b>   |                  |                  |                  |                                  |                             |
| <b>Births to Women Under 15 Years Old per 1,000 Births</b>   |                  |                  |                  |                                  |                             |
| Total  | 5.6              | 1.9              | 4.9              | 4.1                              | 0.8                         |
| Blacks   | 0.9              | 0.5              | 1.8              | 1.1                              | 0.2                         |
| Hispanic, any race   | 4.7              | 1.4              | 3.1              | 3.1                              | 0.5                         |
| Whites   | 0.0              | 0.0              | 0.0              | 0.0                              | 0.0                         |
| <b>Births to Women 15-17 Years Old per 1,000 Births</b>      |                  |                  |                  |                                  |                             |
| Total  | 68.7             | 62.1             | 63.0             | 64.6                             | 21.8                        |
| Blacks   | 16.8             | 16.0             | 17.0             | 16.6                             | 5.2                         |
| Whites   | 0.9              | 2.8              | 0.5              | 1.4                              | 4.8                         |
| Hispanic, any race   | 50.4             | 43.3             | 44.6             | 46.1                             | 11.2                        |

Data Source: CT-DPH Vital Statistics; City of Hartford Bureau of Vital Records: CT-DPH CIRT5

(1) Low birth weight birth is considered a birth weight of less than 2,500 grams (5 pounds, 8 ounces).

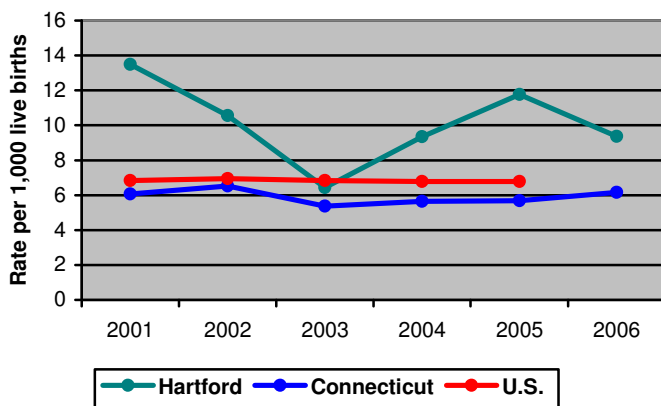
(2) State average was calculated using 2004-2005 data.

## **Infant Mortality**

The infant mortality rate measures the number of deaths for children less than 1 year old per 1,000 live births. Disparities in infant mortality by race/ethnicity are an important measure of the inequalities in a society. Studies suggest that the persistent race disparity in infant mortality is driven by poverty, racism and chronic diseases. Prenatal care is important to a healthy birth. However, increasing access to health care and focusing on preconception health may help to reduce this racial/ethnic gap.

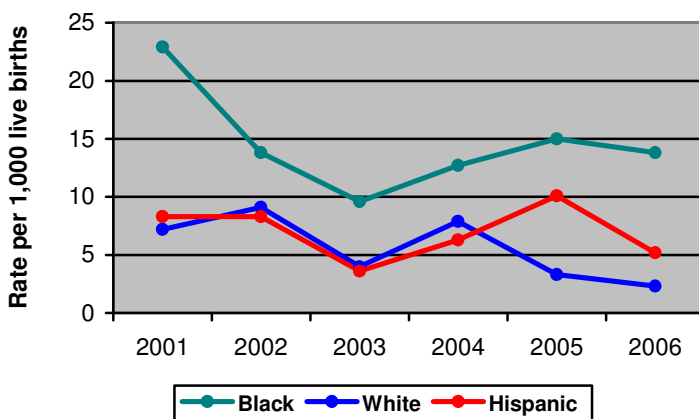
Although Hartford's infant mortality rates have declined in recent years, Black infants have consistently shown higher rates of mortality than Hispanic and/or White infants. In 2006, while the rates for Hispanics and White were 5.2 and 2.3 per 1,000 live births, respectively, the rate for Blacks was 13.8 per 1,000.

**Infant Mortality Rates, Hartford, CT 2001-2006**



Data Source: CT-DPH Vital Statistics; City of Hartford Bureau of Vital Records.

**Infant Mortality Rates by Race/Ethnicity, Hartford, CT 2001-2006**

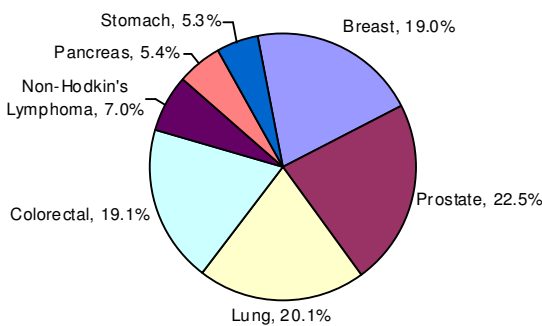


Data Source: CT-DPH Vital Statistics; City of Hartford Bureau of Vital Records.

# Cancer

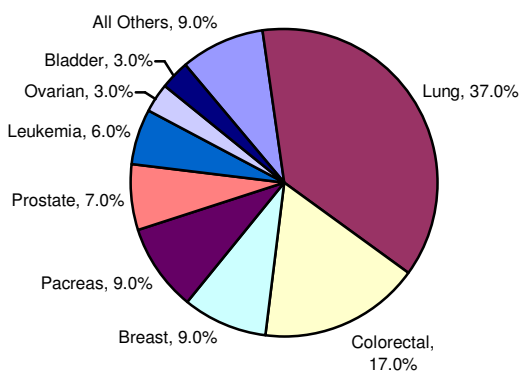
Cancer is the second leading cause of death in Hartford, following heart disease. Prostate, breast, lung, colorectal cancers, Non-Hodgkin’s lymphoma and melanoma of the skin account for six of ten new cases of cancer. Many of these cancers can be prevented if people changed their habits – by quitting smoking, maintaining a healthy weight through diet and exercise, making healthier food choices, avoiding the sun and regular screenings. Approximately 900 Hartford residents die of cancer each year. More than half of all cancer deaths in Hartford are due to cancers of the lung, colon/rectum, breast, and prostate.

**Most Frequently Diagnosed Cancers  
Hartford, CT 2004-2006**



Data Source: Connecticut Tumor Registry

### Most Common Types of Cancer Deaths Hartford, CT 2002-2006

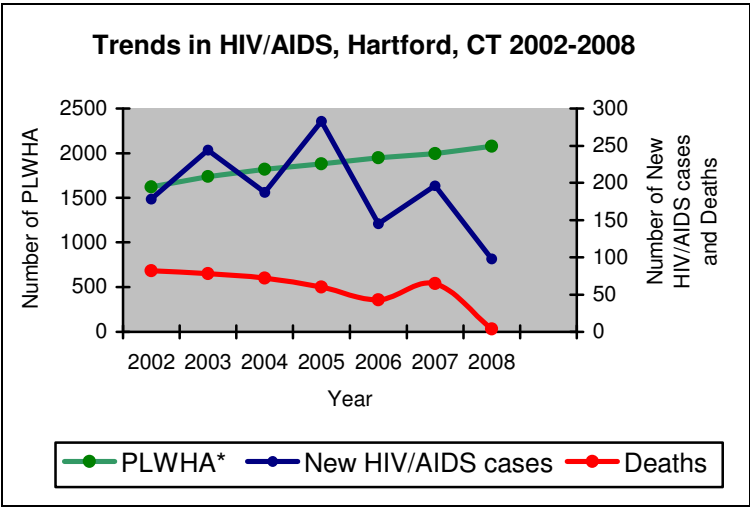


Data Source: Connecticut Tumor Registry

## **HIV/AIDS**

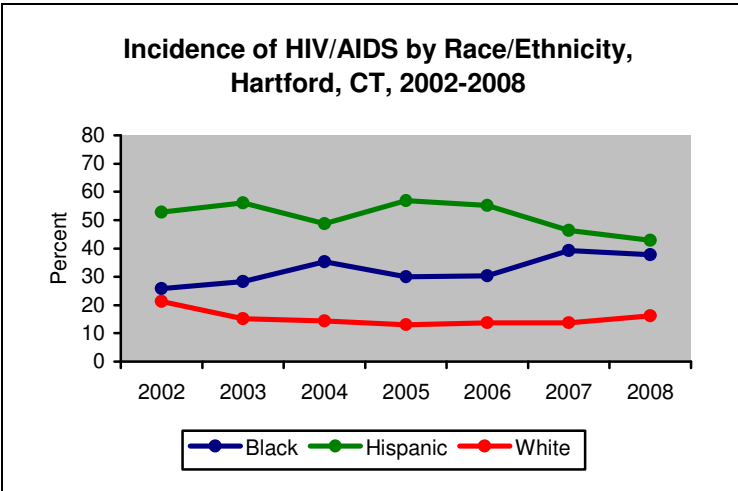
New cases of HIV/AIDS in Connecticut and Hartford continue to be highest in the Hispanic population. Although Hispanics account for approximately 12% of the state population, they account for almost 35% of the people who become infected with HIV/AIDS. In Hartford, Hispanics make up 44% of the total population and represent nearly half (43%) of new HIV/AIDS cases.

In Hartford, Blacks and Hispanics experienced the impact of racial disparities in both incident (new) cases of HIV/AIDS and prevalent (living) cases compared to Whites. This racial disparity is driven by many factors including: risk behaviors, access to quality health care and complex social factors. These social factors include poverty, unstable housing, incarceration, substance abuse and stigma within the community.



Data Source: CT-DPH Connecticut HIV/AIDS Statistics

\* PLWHA = People Living With HIV/AIDS



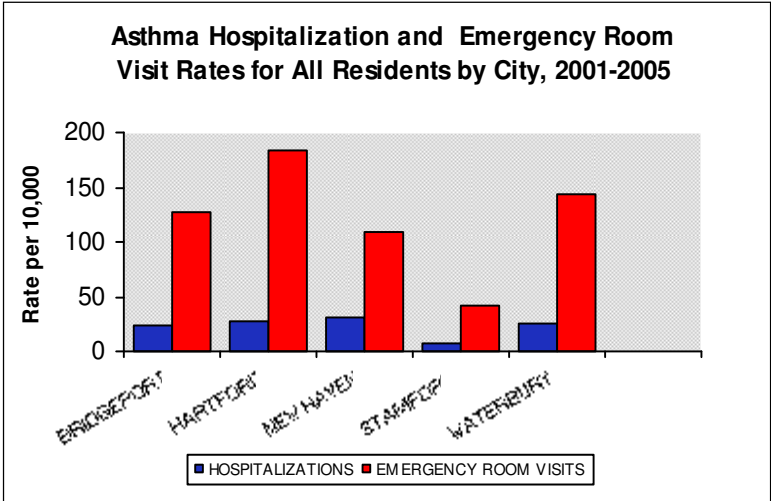
Data Source: CT-DPH Connecticut HIV/AIDS Statistics



# Asthma

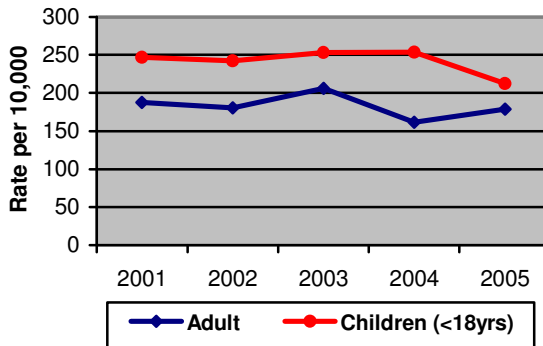
Asthma is a leading cause of school absenteeism and one of the leading causes of hospitalization and emergency room (ER) visits for children and youth. In Hartford, 11.5% of public school students reported having asthma. Asthma rates are higher among pre-K/K (16.7%) and 6th/7th grade (12.9%) students as opposed to 4.8% for 10th/11th grade students. Compared to other major cities in the state, Hartford has the highest rate of ER visits and the second highest rate of hospital admissions for asthma. The asthma ER visit rates among children were 1.5 times higher than for adults.

While the exact causes of asthma are unknown, asthma attacks or episodes can be triggered by exposures and conditions such as: respiratory infections, house dust mites, mold, pollen, exercise, tobacco smoke and indoor/outdoor air pollutants. Asthma can be controlled with effective treatment and management.



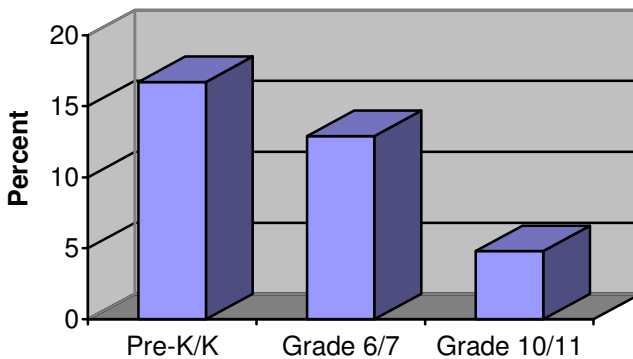
Data Source: CT-DPH Asthma Surveillance Program

### Estimated Annual Rate of Emergency Room Visits for Asthma, Hartford, CT 2001-2005



Data Source: CT-DPH Asthma Surveillance Program

### Students with Asthma by Grade, Hartford Public School District, 2004-2005 and 2005-2006 School Years

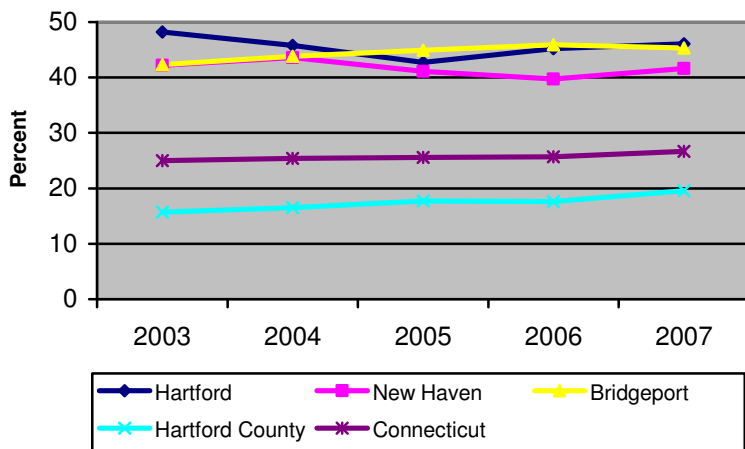


Data Source: CT-DPH School Health Assessment.

## **Lead Screening and Lead Poisoning**

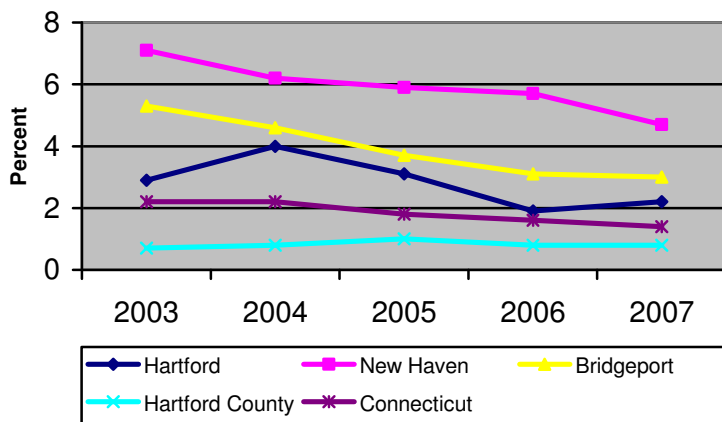
Through the administration of state and federal grant funding, the Environmental Health Division at HHS has overseen the screening of hundreds of children for lead poisoning and the remediation of lead paint hazard in hundreds of housing units occupied by low income families with children. This helps to provide both safe housing for Hartford's children and a source of income for contractors who have been trained through the grant for this type of specialized work.

### Percent of Children Under 6 Years of Age Screened for Lead, Hartford, CT 2003-2007



Data Source: CT-DPH Lead Poisoning and Control Program, Screening and Surveillance

### Percent of Screened Children with Elevated Blood Lead Level (>10ug/dL)



Data Source: CT-DPH Lead Poisoning and Control Program, Screening and Surveillance

## Chronic Disease Risk Factors

The Centers for Disease Control and Prevention (CDC) state that “poor health is not an inevitable consequence of aging.”

Promotion and adoption of preventive measures can help reduce the potential for costly health problems, preserve health and improve quality of life.

### Chronic Disease Death Rates\*

|               | Hartford | Hartford County | Connecticut |
|---------------|----------|-----------------|-------------|
| All Causes    | 740.8    | 878.1           | 842.2       |
| Heart Disease | 190.4    | 239.2           | 228.5       |
| Stroke        | 43.8     | 47.2            | 47.8        |
| All Cancer    | 138.3    | 212.8           | 202.0       |
| HIV/AIDS      | 34.8     | 3.7             | 4.8         |
| Diabetes      | 22.1     | 20.0            | 21.0        |

Data Source: CT-DPH Mortality Tables, 2002-2006.

\* Rates are per 100,000 residents based on 2007 population estimates

### Risk Factors

|                                   | Hartford <sup>(1)</sup> | Hartford County <sup>(2)</sup> | Connecticut <sup>(2)</sup> |
|-----------------------------------|-------------------------|--------------------------------|----------------------------|
| Smoking <sup>a</sup>              | 23.4%                   | 15.3%                          | 15.4%                      |
| Obesity <sup>b</sup>              | 31.9%                   | 20.9%                          | 21.7%                      |
| Overweight <sup>c</sup>           | 25.8%                   | 36.5%                          | 37.5%                      |
| No physical activity <sup>d</sup> | 33.0%                   | 19.3%                          | 19.7%                      |
| Fruits & Vegetables <sup>e</sup>  | n/a                     | 29.1%                          | 28.5%                      |

Data Source: (1) Hartford Health Survey 2006; (2) Behavioral Risk Factor Surveillance Survey (BRFSS) 2007

a) Percentage of adults who have smoked in their lifetime and currently smoke.

b) Percentage of adults who reported Body Mass Index (BMI) greater than or equal to 30.0

c) Percentage of adults who reported Body Mass Index (BMI) greater than 25.0 but less than 30.0

d) Percentage of adults who reported doing no leisure time exercise or physical activity.

e) Percentage of adults who have consumed fruits and vegetables five or more times per day.

## Behavioral Health

Depression is the most common disorder of all mental illnesses. According to the Healthy People 2010, depression is the leading cause of disability and is the cause of more than two-thirds of suicides each year. Depression has been associated with alcohol and illicit drug use which are known to be the causes of this country's most serious problems, including motor vehicle accidents, violence, injury, school failure, and HIV infection.

In 2008, Connecticut Department of Mental Health and Addiction Services (DMHAS) provided mental health and substance abuse services to 8,674 clients living in Hartford. Of that number, approximately 12% of them suffer from depression, more than 40% of them were diagnosed with substance abuse that includes alcohol and/or illicit drugs, and almost 7% were diagnosed with post traumatic stress disorder.

### Diagnosis Type of Clients Who Received Mental Health and/or Substance Abuse Services, 2008

|  | Hartford | Bridgeport | New Haven |
|--|----------|------------|-----------|
| Depression   | 11.5%    | 7.9%       | 11.8%     |
| Substance Use/Abuse <sup>a</sup>                   | 47.8%    | 49.7%      | 50.1%     |
| Post Traumatic Stress Disorder (PTSD) <sup>b</sup> | 6.5%     | 3.1%       | 5.8%      |

Data Source: Connecticut Department of Mental Health and Addiction Services (CT-DMHAS)

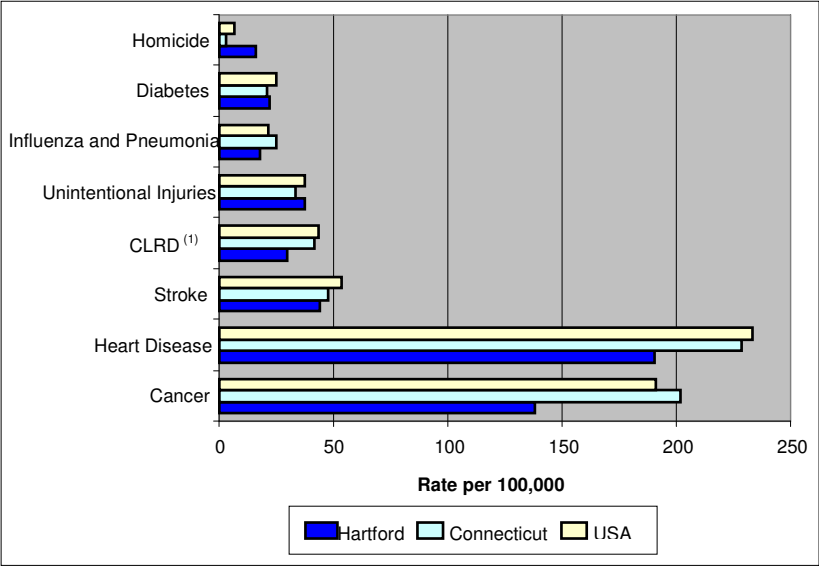
a) Include alcohol and illicit drug use.

b) Post-traumatic stress disorder is a common anxiety disorder that develops after exposure to a terrifying event or ordeal in which grave physical harm occurred or was threatened.

# Leading Causes of Death

Through studying causes of death, the overall health status of a community can be established. This information shows which causes have the greatest impact on life spans. This data can be used to make decisions regarding where funding can be targeted.

**Death Rates\* by Leading Causes, Hartford, CT, 2002-2006**



Data Source: CT-DPH Mortality Tables; National Center for Health Statistics (NCHS) Mortality Tables.

\* Rates are per 100,000 residents based on 2007 population estimates.

1) Chronic lower respiratory diseases (CLRD) include both chronic obstructive pulmonary disease and asthma.

## **IV. Health and Human Services Key Performance Measures by Division**

With a yearly budget of \$22 million and seven program-driven divisions, HHS is committed to improving the health of Hartford residents. During the course of the year, HHS tracks key performance measures that provide insight into the health of our community. Through attention to these measures, the department is able to determine not only the effect of its efforts, but also where an infusion of department and city resources will have the greatest impact. These measures are not exhaustive, and thus are reviewed yearly for relevance.



# Maternal and Child Health



Maternal and child health are important to our city. The most telling of the above shown indicators is the infant mortality rate for our clients in the Maternal and Infant Outreach Program (MIOP) which, in 2007-2008, had no infant deaths. Given the city’s overall infant mortality rate of 8.8%, MIOP’s accomplishment for 2007-2008 is striking. In an effort to replicate best practices, review of this program’s performance is ongoing.

| Output   | 2004-2005<br>Actual | 2005-2006<br>Actual | 2006-2007<br>Actual | 2007-2008<br>Actual | 2008-2009<br>Adopted |
|--|---------------------|---------------------|---------------------|---------------------|----------------------|
| # of participants receiving complete case management services through Maternal and Infant Health Program | n/a                 | 1,068               | 1,735               | 1,476               | 4,000                |
| # of children fully immunized by age 3   | n/a                 | n/a                 | n/a                 | n/a                 | 5,000                |
| Infant mortality rate of children in the maternal and child health case management program               | 4 per 1000          | 6 per 1000          | 3 per 1000          | 0 per 1000          | 3 per 1000           |
| % of all maternal and child health case management program participants with healthy infants             | 70%                 | 91%                 | 93%                 | 90%                 | 90%                  |
| % of children under age 3 with up to date immunizations  | n/a                 | n/a                 | n/a                 | n/a                 | 80%                  |

## Environmental Health



HHS' ability to regulate hazards in our environment such as lead paint and food borne illnesses has a direct relationship with the health of our residents. For example, over the course of recent years, Hartford has seen a general decline in the incidence of lead poisoning in our children. This progress is attributable to HHS' strong oversight of this issue and use of federal funding by HHS and its partners to remediate lead contaminated properties.

| Output  | 2004-2005<br>Actual | 2005-2006<br>Actual | 2006-2007<br>Actual | 2007-2008<br>Actual | 2008-2009<br>Adopted |
|---|---------------------|---------------------|---------------------|---------------------|----------------------|
| # of inspections of food establishments conducted according to state mandates | 1,193               | 1,170               | 1,264               | 2,228               | 2,500                |
| # of lead contaminated housing units investigated                             | n/a                 | n/a                 | n/a                 | 232                 | 225                  |
| # of investigations conducted of lead poisoning in children                   | 31                  | 71                  | 169                 | 117                 | 192                  |
| # of children screened for lead   | n/a                 | n/a                 | n/a                 | 754                 | 400                  |

# Disease Prevention and Health Promotion



As shown in the Reportable Disease section, compared to other major cities in our state, Hartford is challenged by its high number of STD cases. To effectively address this issue, the city must commit to prevention through education and screening for school-aged children. To expand its ability to meet community needs, HHS also provides outreach screening services to at-risk populations.

| Output  | 2004-2005<br>Actual | 2005-2006<br>Actual | 2006-2007<br>Actual | 2007-2008<br>Actual | 2008-2009<br>Adopted |
|---|---------------------|---------------------|---------------------|---------------------|----------------------|
| # of STD screenings conducted for Chlamydia and gonorrhea                 | 1,900               | 2,986               | 2,725               | 2,723               | 3,500                |
| % of individuals who test positive for STD that receive treatment         | 100%                | 99%                 | 99%                 | 99%                 | 100%                 |
| % of City-based shelters receiving communicable disease outreach services | n/a                 | n/a                 | n/a                 | n/a                 | 75%                  |

## Community Services



Service availability to vulnerable populations such as seniors, the homeless and displaced residents are vital to resident well-being. The Dial-a-Ride program is an essential provider of transportation services to our seniors which allows them to attend doctor appointments, purchase groceries and maintain social connections at senior centers. Through its contracts with the Salvation Army “No Freeze

Shelter” and the CRT managed McKinney Shelter, HHS providers sheltering to homeless individuals from throughout the state.

| Output  | 2004-2005<br>Actual | 2005-2006<br>Actual | 2006-2007<br>Actual | 2007-2008<br>Actual | 2008-2009<br>Adopted |
|---|---------------------|---------------------|---------------------|---------------------|----------------------|
| # of trips scheduled/provided through Dial-a-Ride         | 53,342              | 61,231              | 53,987              | 56,842              | 50,000               |
| # of individuals served by shelters under contract        | 2,787               | 2,650               | 2,485               | 2,319               | 2,400                |
| # of units of service delivered by food banks             | n/a                 | n/a                 | n/a                 | n/a                 | 10,000               |
| # of individuals served by the housing assistance program | 70                  | 72                  | 202                 | 131                 | 150                  |
| # of crisis situations responded to                       | n/a                 | 26                  | 68                  | 85                  | 75                   |

# Recreation Services



Access to recreation programming is key to the physical, social and emotional wellness of our children, youth and adult populations. Through its five major and six satellite sites, the recreation division provides diverse programming to Hartford. Programming includes: nutrition education, basketball leagues, midget football, year round aquatic services, weight lifting as well as arts, crafts, and cultural activities. During 2009-2010, services will expand to include: tee ball, soccer, aquatic services for infants and parents/guardians and flag football.

| Output  | 2004-2005<br>Actual | 2005-2006<br>Actual | 2006-2007<br>Actual | 2007-2008<br>Actual | 2008-2009<br>Adopted |
|---|---------------------|---------------------|---------------------|---------------------|----------------------|
| # of users/visits of recreation programs                    | 260,000             | 324,981             | 306,689             | 344,218             | 250,000              |
| % of user satisfaction with recreation services programming | n/a                 | n/a                 | n/a                 | 90%                 | 90%                  |

# Senior Services



Providing social outlets and wellness services for our senior populations is vitally important. Hartford’s two super-senior centers provide a diverse range of activities for seniors including: arts and crafts, exercise, quilting, nutrition education, bingo, etc. In addition, through

partnerships with area health and education institutions HHS provides chronic disease management, fall prevention and screening services.

| Output   | 2004-2005<br>Actual | 2005-2006<br>Actual | 2006-2007<br>Actual | 2007-2008<br>Actual | 2008-2009<br>Adopted |
|--|---------------------|---------------------|---------------------|---------------------|----------------------|
| # of clients using senior centers                        | n/a                 | n/a                 | n/a                 | n/a                 | 2,000                |
| # of rent rebates issued                                 | 3,600               | 3,543               | 3,850               | 4,800               | 4,500                |
| # of individuals receiving Home Help Services            | n/a                 | n/a                 | n/a                 | n/a                 | 10,000               |
| % of seniors satisfied with Elderly Services programming | n/a                 | n/a                 | n/a                 | 90%                 | 90%                  |

## **V. Addressing the Challenges**

Health goes beyond the absence of disease or illness. True health encompasses well-being that is determined by many factors. This health indicators profile is a key step in a long-term process of improved health and well-being for all Hartford residents.

Changing individual behaviors and reducing the impact of risk behaviors on health and wellness are difficult tasks. Behaviors are complex and involve the environment, individual choice, and motivation.

Healthy People 2010 is a national framework for thinking about the health of our residents. It includes Leading Health Indicators to measure the health of the Nation. As a group, the Leading Health Indicators reflect the major health concerns in the United States. They were selected on the basis of their ability to motivate action, the availability of data to measure progress, and their importance as public health issues. Important factors like physical activity, overweight and obesity, tobacco use, environmental quality, and others are key indicators which are reflected in the information found in this document.

Hartford has made progress toward the health improvement objectives outlined in Healthy People 2010. But to be successful in achieving all the Healthy People 2010 objectives, as well as the Healthy People 2020 objectives which will be released in 2010, it will take public health, health care, community-based organizations, and government working together to create an environment in which the healthy choice is the easy choice.

There is much to be done. The health indicators profile suggests that there are important opportunities to decrease health risk among Hartford residents. Too many Hartford residents are dying of heart disease, cancer, diabetes, and stroke, and too many of our residents are overweight or obese. At Health and Human Services, working with our partners, we will make progress in many areas, including:

- Collecting behavioral health data at the local level on a regular basis.
- Identifying and focusing resources to reduce risk factors for chronic disease.
- Promoting increased physical activity among youth and adults through communities, schools, and worksites.
- Expanding partnerships with healthcare providers, insurers, and other employers.
- Developing and supporting policies at the state and local level that support healthy environments and healthy behaviors.



To be successful in this effort to achieve health in Hartford, we need *your* help. You can promote the community's health by taking some simple actions to change your own health behaviors. There are many things you can do, but how about resolving TODAY to take actions like the following:

- Know Your Numbers – If you don't know your weight, your blood pressure, your cholesterol, your blood sugar levels, and other important personal health measurements, make an appointment today with your health provider to learn them and what they mean to you.
- Control Your Portions – Fill your plate with both the right foods and right amounts. Include more fruits, vegetables, and whole grains and less processed foods and sweetened drinks in your diet. If you want to know what a healthy plate looks like, ask your health care provider or call us.
- Move More – Get off the couch and take a walk or bike. Get a group of your friends to walk to the store, or to church, or around the block. Play a game outside with your children or grandchildren. Dance in your kitchen or living room while you do chores around the house. Every step counts...take more of them!
- Stop Smoking – Smoking is deadly and exposes both the smoker and those around them to countless health dangers.
- Get Some Sleep – Adequate rest is necessary for the body to protect and recharge itself, and for it to function properly.

TOGETHER, we can truly make our City a [HEALTHY HARTFORD](#).

###

# Appendix

## Glossary

**Birth weight:** The first weight of a fetus or infant at time of delivery.

**Causes of death:** The causes of death to be entered on the medical certificate of cause of death are all those diseases, morbid conditions, or injuries that either resulted in or contributed to death or the circumstances of the accident or violence which produced such injuries.

**Incidence:** The number of new cases of a disease in a defined population within a specified period of time (e.g. year).

**Infant death:** Death occurring to an individual of less than one year (365 days) of age.

**Infant Mortality Rate:** A measure of the yearly rate of deaths in children less than one year old.

**Low birth weight:** A birth weight of less than 2,500 grams or approximately 5 lbs. and 8 oz.

**Morbidity:** The frequency of sickness of a specific disease in a specific population.

**Mortality:** The relative frequency of deaths in a specific population.

**Premature:** A live birth or fetal death that occurs before the completion of the 37<sup>th</sup> week of gestation.

**Prenatal care:** Prenatal care is the health care a woman gets while she is pregnant.

**Prevalence:** The total number of cases of a disease in the population at a given time, or the total number of cases in the population divided by the number of individuals in the population.

**Rate:** A rate is measure of some event, disease, or condition in relation to a unit of population, along with some specification of time.





Eddie A. Perez  
Mayor

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